

INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/567310
APPLICANT(S)	
FILING DATE	

CLAIMS

	CLAIMS					
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	3		3		3	
5	0		0		0	
6	0		0		0	
7	0		0		0	
8	1		1		1	
9	1		1		1	
10	1		1		1	
11	3		3		3	
12	0		0		0	
13	0		0		0	
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TOTAL IND.			2			
TOTAL DEP.			26			
TOTAL CLAIMS			28			

	CLAIMS					
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						